

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/620,529
	Filing Date	July 16, 2003
	First Named Inventor	LUKAS EISERMANN
	Title	INTERVERTEBRAL PROSTHETIC JOINT
	Art Unit	3733
	Examiner Name	R. Shaffer
	Attorney Docket Number	03190.000008

I hereby revoke all previous powers of attorney given in the above-identified application.

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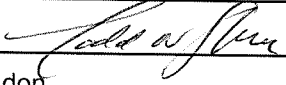
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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	03/09/07
Name	Todd Sheldon	Telephone	(901) 344-0780
Title and Company	Vice President & Secretary, Warsaw Orthopedic, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☐ *Total of ____ forms are submitted.

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